

CONTRACT #4
RFS # 318.66-023

**Department of Finance &
Administration/Bureau of
TennCare**

VENDOR:
Tennessee Behavioral Health,
Inc.
(Middle & West Grand
Regions)



**STATE OF TENNESSEE
BUREAU OF TENNCARE
310 Great Circle Road
NASHVILLE, TENNESSEE 37243**

August 4, 2005

**Mr. Jim White, Director
Fiscal Review Committee
8th Floor, Rachel Jackson Bldg.
Nashville, TN 37243**

Attention: Leni Chick

RE: Bureau of TennCare Contracts Submitted for Fiscal Review

Dear Mr. White:

The Department of Finance and Administration, Bureau of TennCare, is submitting for consideration by the Fiscal Review Committee the following Behavioral Health Organization amendments. These amendments will establish payment rates for the remainder of Fiscal Year '06. These rates are based on data received from the actuarial with whom TennCare has contracted to establish BHO and MCO capitation rates. All three of these behavioral health amendments reflect reduction of the maximum liability for the fiscal year.

Tennessee Behavioral Health, Inc. Middle & West Tennessee	FA-01-14551-12
Tennessee Behavioral Health, Inc. East Tennessee Grand Region	FA-05-16089-03
Premier Behavioral Health System Of Tennessee, LLC	FA-01-14662-13

We would greatly appreciate the consideration and approval of these amendments by the Fiscal Review Committee.

Sincerely,

**J. D. Hickey
Deputy Commissioner**

**Cc: Keith Gaither
Alma Chilton**

REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED

Commissioner of Finance & Administration

Date:

Each of the request items below indicates specific information that must be individually detailed or addressed as required. A REQUEST CAN NOT BE CONSIDERED IF INFORMATION PROVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT CLEARLY ADDRESS EACH OF THE REQUIREMENTS INDIVIDUALLY AS REQUIRED.

RFS #	318.66-023		
STATE AGENCY NAME :	Department of Finance and Administration Bureau of TennCare		
SERVICE CAPTION :	Behavioral Health Organizations Providing Medically Necessary Behavioral Services to the TennCare/Medicaid Population		
CONTRACT #	FA-01-14661-00	PROPOSED AMENDMENT #	12
CONTRACTOR :	Tennessee Behavioral Health, Inc.		
CONTRACT START DATE :	01/01/2001		
CURRENT, LATEST POSSIBLE END DATE : (including ALL options to extend)	06/30/2006		
CURRENT MAXIMUM LIABILITY :	\$1,045,748,566.00		
LATEST POSSIBLE END DATE WITH PROPOSED AMENDMENT : (including ALL options to extend)	06/30/2006		
TOTAL MAXIMUM COST WITH PROPOSED AMENDMENT : (including ALL options to extend)	\$1,036,098,090.00		
APPROVAL CRITERIA : (select one)	<input checked="checked" type="checkbox"/> use of Non-Competitive Negotiation is in the best interest of the state <input type="checkbox"/> only one uniquely qualified service provider able to provide the service		
ADDITIONAL REQUIRED REQUEST DETAILS BELOW (address each item immediately following the requirement text)			
(1) description of the proposed additional service and amendment effects :			
This amendment establishes payments rates provided by actuarial contractor that will continue through FY '06.			

(2) explanation of need for the proposed amendment :

This amendment is needed in order to establish payment mechanisms for period FY '06 in order to continue behavioral health services for TennCare enrollees. These new rates result in a reduction of funding for FY '06.

(3) name and address of the proposed contractor's principal owner(s) :
(not required if proposed contractor is a state education institution)

Dr. Russ Petrella, Chief Operating Officer
Magellan Behavioral Health
199 Pomeroy Road, 3rd Floor
Parsippany, New Jersey 07054

(4) documentation of OIR endorsement of the Non-Competitive procurement request :
(required only if the subject service involves information technology)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(5) documentation of Department of Personnel endorsement of the Non-Competitive procurement request :
(required only if the subject service involves training for state employees)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation :

This contract for Behavioral Health Services for the State has been in effect since 2001. This amendment to the existing contract will ensure that services to recipients will continue without interruption and that payment rates are established for period to continue throughout FY '06. These rates result in a reduction of funding for FY '06.

(7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment :

The approval of this amendment by F&A will ensure the best interests of TennCare enrollees will be served. Based on the network of providers that Premier Behavioral Health Systems currently has, TennCare is confident that the modifications of this agreement will prevent any disruption of services to enrollees.

AGENCY HEAD REQUEST SIGNATURE:

(must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)

SIGNATURE DATE:

CONTRACT SUMMARY SHEET

RFS Number:	318.66-023	Contract Number:	FA 01-14661-12
State Agency:	Department of Finance and Administration	Division:	TennCare
Contractor		Contractor Identification Number	
Tennessee Behavioral Health, Inc.		X	V-
		C-	621621636-00

Service Description

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date	Contract End Date
1/1/2001	6/30/2006

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	131	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount Include ALL amendments
2001	\$26,136,000.00	\$45,814,400.00			\$71,950,400.00
2002	\$55,843,870.00	\$97,900,695.00			\$153,744,565.00
2003	\$48,857,500.00	\$85,652,700.00			\$134,510,200.00
2004	\$39,895,349.00	\$72,319,964.00			\$112,215,313.00
2005	\$101,163,744.00	\$185,500,300.00			\$286,664,044.00
2006	\$97,758,088.00	\$179,255,480.00			\$277,013,568.00
Total:	\$369,654,551.00	\$666,443,539.00	\$0.00	\$0.00	\$1,036,098,090.00

CFDA Number	93.778 Secretary of Health & Human Services	Check the box (below) ONLY if the answer is YES	
State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	X
Name:	Scott Pierce	Is the Contractor a VENDOR? (per OMB A-133)	
Address:	310 Great Circle Road	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone:	615-507-6415	Is the Contractor on STARS?	
Procuring Agency Budget Officer Signature		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractor's Form W-9 Filed with Accounts?	

Funding Certification

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

COMPLETE FOR ALL AMENDMENTS (only)			
		Base Contract & Prior Amendments	This Amendment ONLY
End Date >		6/30/2006	
FY:	2001	\$71,950,400.00	
FY:	2002	\$153,744,565.00	
FY:	2003	\$134,510,200.00	
FY:	2004	\$112,215,313.00	
FY:	2005	\$286,664,044.00	
FY:	2006	\$286,664,044.00	-\$9,650,476.00
Totals:		\$1,045,748,566.00	-\$9,650,476.00

**AMENDMENT NUMBER 12
to Contract Number FA-01-14661-00**

PROVIDER RISK CONTRACT

BETWEEN

**THE STATE OF TENNESSEE DEPARTMENT OF MENTAL HEALTH AND
DEVELOPMENTAL DISABILITIES**

AND

**TENNESSEE BEHAVIORAL HEALTH, INC.
IN THE MIDDLE AND WEST TENNESSEE GRAND REGIONS**

For and in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to clarify and/or amend the Provider Risk Agreement by and between the State of Tennessee Department of Mental Health and Developmental Disabilities, hereinafter referred to as **TDMHDD**, and Tennessee Behavioral Health, Inc. hereinafter referred to as the **Contractor**, as follows:

Titles and numbering of paragraphs used herein are for the purpose of facilitating use of reference only and shall not be construed to infer a contractual construction of language. The changes in this amendment shall become effective, unless stated otherwise in this document, on August 1, 2005.

1. Section 4.7.1 shall be amended by adding the following language

For the period of July 1, 2005 through June 30, 2006, the maximum liability of the State for the TennCare Partners Program in the Middle and West Tennessee grand regions shall be Two hundred Seventy-Seven Million, Thirteen Thousand Five Hundred Sixty-Eight Dollars (\$277,013,568.00).

2. Section 4.7.2.1 shall be amended by deleting in its entirety and replacing with the following:

For the period August 1, 2005 through June 30, 2006, the monthly capitation payment to be paid to the contractor shall be based on the following rates:

Table 2: Rates

PAYMENT RATE CATEGORY	PER MEMBER/ PER MONTH RATE
Priority Population age 0-12	\$200.74
Priority Population age 13-17	\$352.67
Priority Population age 18 and above	\$305.38
Non-Priority Population age 0-12	\$3.62
Non-Priority Population age 13-17	\$18.43
Non-Priority Population age 18 and above	\$9.36

These rates include the nine- percent (9%) administrative fees and the two- percent (2%) premium taxes.

All of the provisions of the original CONTRACT not specifically deleted or modified herein shall remain in full force and effect. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall become effective, or as of the date it is approved by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

IN WITNESS WHEREOF, the parties have by there duly authorized representatives set their signature.

Russell C. Petrella, Ph.D.
Vice President
Tennessee Behavioral Health, Inc.

DATE

TENNESSEE DEPARTMENT OF MENTAL
HEALTH AND DEVELOPMENTAL DISABILITIES

Virginia Trotter Betts, MSN, JD, RN, FAAN
Commissioner

DATE

TENNESSEE DEPARTMENT OF
FINANCE AND ADMINISTRATION:

M.D. Goetz, Jr.
Commissioner

DATE

APPROVED:

TENNESSEE DEPARTMENT OF
FINANCE AND ADMINISTRATION:

M.D. Goetz, Jr.
Commissioner

DATE

COMPTROLLER OF TREASURY:

John G. Morgan
Comptroller of Treasury

DATE

REQUEST: NON-COMPETITIVE AMENDMENT

RECEIVED

JUN 28 2005

FISCAL REVIEW

APPROVED

Commissioner of Finance & Administration

Date:

Each of the request items below indicates specific information that must be individually detailed or addressed as required. A REQUEST CAN NOT BE CONSIDERED IF INFORMATION PROVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT CLEARLY ADDRESS EACH OF THE REQUIREMENTS INDIVIDUALLY AS REQUIRED.

RFS #	318.66-023		
STATE AGENCY NAME :	Department of Finance and Administration Bureau of TennCare		
SERVICE CAPTION :	Behavioral Health Organizations Providing Medically Necessary Behavioral Services to the TennCare/Medicaid Population		
CONTRACT #	FA-01-14661-00	PROPOSED AMENDMENT #	11
CONTRACTOR :	Tennessee Behavioral Health, Inc.		
CONTRACT START DATE :	01/01/2001		
CURRENT, LATEST POSSIBLE END DATE : (including ALL options to extend)	12/31/2005		
CURRENT MAXIMUM LIABILITY :	\$759,084,522.00		
LATEST POSSIBLE END DATE WITH PROPOSED AMENDMENT : (including ALL options to extend)	06/30/2006		
TOTAL MAXIMUM COST WITH PROPOSED AMENDMENT : (including ALL options to extend)	\$1,045,748,566.00		
APPROVAL CRITERIA : (select one)	<input checked="" type="checkbox"/> use of Non-Competitive Negotiation is in the best interest of the state <input type="checkbox"/> only one uniquely qualified service provider able to provide the service		
ADDITIONAL REQUIRED REQUEST DETAILS BELOW (address each item immediately following the requirement text)			
(1) description of the proposed additional service and amendment effects :			
This amendment removes responsibility for methadone treatment for adults as well as establishes payments rates and funding which will go beyond June 30, 2005. Additionally, new language has been included that provides for new Conflict of Interests, including attached form for BHO to complete, new Offer of Gratuities language, and stricter Lobbying language. The liquidated damages section has been amended to reflect requirements of new sections.			

REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED

Commissioner of Finance & Administration

Date:

Each of the request items below indicates specific information that must be individually detailed or addressed as required. A REQUEST CAN NOT BE CONSIDERED IF INFORMATION PROVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT CLEARLY ADDRESS EACH OF THE REQUIREMENTS INDIVIDUALLY AS REQUIRED.

RFS #	318.66-023		
STATE AGENCY NAME:	Department of Finance and Administration Bureau of TennCare		
SERVICE CAPTION:	Behavioral Health Organizations Providing Medically Necessary Behavioral Services to the TennCare/Medicaid Population		
CONTRACT #	FA-01-14661-00	PROPOSED AMENDMENT #	10
CONTRACTOR:	Tennessee Behavioral Health, Inc.		
CONTRACT START DATE:	01/01/2001		
CURRENT LATEST POSSIBLE END DATE: (including ALL options to extend)	12/31/2005		
CURRENT MAXIMUM LIABILITY:	\$753,538,570.00		
LATEST POSSIBLE END DATE WITH PROPOSED AMENDMENT: (including ALL options to extend)	12/31/2005		
TOTAL MAXIMUM COST WITH PROPOSED AMENDMENT: (including ALL options to extend)	\$759,084,522.00		
APPROVAL CRITERIA: (select one)	<input checked="" type="checkbox"/> use of Non-Competitive Negotiation is in the best interest of the state <input type="checkbox"/> only one uniquely qualified service provider able to provide the service		
ADDITIONAL REQUIRED REQUEST DETAILS BELOW (address each item immediately following the requirement text)			
(1) description of the proposed additional service and amendment effects			
This amendment transfers methadone benefits to the BHO and changes the references to Early Periodic Screening, Diagnosis and Treatment (EPSDT) to TENNderCare. Additionally, this amendment modifies appeals language to meet the Balanced Budget Act regulations included in CMS Checklist for Managed Care Contract Approval as well as broaden the Title VI language regarding Non-Compliance discrimination. The maximum liability and capitation rates have been adjusted as necessary.			

CONTRACT SUMMARY SHEET

RES Number:	318.66-023	Contract Number:	FA 01-14661-09
State/Agency:	Department of Finance and Administration	Division:	TennCare
Contractor:		Contractor Identification Number:	
Tennessee Behavioral Health, Inc.		X	V-
			C-
		621621636-00	

Service Description

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date:	Contract End Date:
1/1/2001	12/31/2005

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	131	134	11	on STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount include ALL amendments	
2001	\$26,136,000.00	\$45,814,400.00			\$71,950,400.00	
2002	\$55,843,870.00	\$97,900,695.00			\$153,744,565.00	
2003	\$48,857,500.00	\$85,652,700.00			\$134,510,200.00	
2004	\$39,895,349.00	\$72,319,964.00			\$112,215,313.00	
2005	\$99,213,603.00	\$184,181,086.00			\$281,118,092.00	
					\$0.00	
Total:	\$269,946,322.00	\$485,868,845.00	\$0.00	\$0.00	\$753,538,570.00	

CFDA Number:	Check the box (below) ONLY if the answer is YES:	
State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133)
Name:	Scott Pierce	Is the Contractor a VENDOR? (per OMB A-133)
Address:	729 Church Street Nashville, TN	Is the Fiscal Year Funding STRICTLY LIMITED?
Phone:	615-532-1362	Is the Contractor on STARS?
Procuring Agency Budget Officer Signature		Is the Contractor's FORM W-9 ATTACHED?
		Is the Contractor's Form W-9 Filed with Accounts?

COMPLETE FOR ALL AMENDMENTS (only)

	Base Contract & Prior Amendments	This Amendment ONLY
End Date	6/30/2004	12/31/2005
FY 2001	\$71,950,400.00	
FY 2002	\$153,744,565.00	
FY 2003	\$134,510,200.00	
FY 2004	\$112,215,313.00	
FY 2005		\$281,118,092.00
Totals:	\$472,420,478.00	\$281,118,092.00

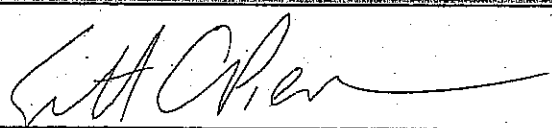
Funding Certification
Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

CONTRACT SUMMARY SHEET

RFS Number	318.66-023	Contract Number	FA 01-14661-08
State/Agency	Department of Finance and Administration	Division	TennCare
Contractor		Contractor Identification Number	
Tennessee Behavioral Health, Inc.		X	V-
			C-
		621621636-00	
Service Description			

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date				Contract End Date			
1/1/2001				6/30/2004			
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	
318.66	131	134	11	on STARS			
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount Include All Amendments		
2001	\$26,136,000.00	\$45,814,400.00			\$71,950,400.00		
2002	\$55,843,870.00	\$97,900,695.00			\$153,744,565.00		
2003	\$48,857,500.00	\$85,652,700.00			\$134,510,200.00		
2004	\$39,895,349.00	\$72,319,964.00			\$112,215,313.00		
					\$0.00		
Total	\$170,732,719.00	\$301,687,759.00	\$0.00	\$0.00	\$472,420,478.00		

GEDA Number	Check the box (below) ONLY if the answer is YES	
State Fiscal Contact	Is the Contractor a SUBRECIPIENT? (per OMB A-133)	X
Name: Scott Pierce	Is the Contractor a VENDOR? (per OMB A-133)	
Address: 729 Church Street Nashville, TN	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone: 615-532-1362	Is the Contractor on STARS?	
Procuring Agency Budget Officer Signature	Is the Contractor's FORM W-9 ATTACHED?	
	Is the Contractor's Form W-9 Filled with Accounts?	

COMPLETE FOR ALL AMENDMENTS (only)		
End Date	Base Contract & Prior Amendments	This Amendment ONLY
6/30/2004		
FY 2001	\$71,950,400.00	
FY 2002	\$153,744,565.00	
FY 2003	\$134,510,200.00	
FY 2004	\$112,215,313.00	
FY 2005		
FY		

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

RECEIVED
2004 SEP 29 PM 1:15
COMPLIANCE & ACCOUNTS
OFFICE OF
MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET

RFS Number	318.66-023	Contract Number	FA 01-14661-07
State Agency	Department of Finance and Administration	Division	TennCare
Contractor		Contractor Identification Number	
Tennessee Behavioral Health, Inc.		X	V-
			C-
		621621636-00	

Service Description

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date	Contract End Date
1/1/2001	6/30/2004

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	131	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (include ALL amendments)
2001	\$26,136,000.00	\$45,814,400.00			\$71,950,400.00
2002	\$55,843,870.00	\$97,900,695.00			\$153,744,565.00
2003	\$48,857,500.00	\$85,652,700.00			\$134,510,200.00
2004	\$39,895,349.00	\$72,319,964.00			\$112,215,313.00
					\$0.00
					\$0.00
Total	\$170,732,719.00	\$301,687,759.00	\$0.00	\$0.00	\$472,420,478.00

CEDA Number	Check the box (below) ONLY if the answer is YES	
State Fiscal Contact	Is the Contractor a SUBRECIPIENT? (per OMB A-133)	X
Name: Dean Daniel	Is the Contractor a VENDOR? (per OMB A-133)	
Address: 729 Church Street Nashville, TN	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone: 615-532-1362	Is the Contractor on STARS?	
Procuring Agency Budget Officer Signature	Is the Contractor's FORM W-9 ATTACHED?	
	Is the Contractor's Form W-9 Filed with Accounts?	

Dean Daniel 2/27/04

COMPLETE FOR ALL AMENDMENTS (only)

	Base Contract & Prior Amendments	This Amendment ONLY
End Date >	3/23/2004	6/30/2004
FY 2001	\$71,950,400.00	
FY 2002	\$153,744,565.00	
FY 2003	\$134,510,200.00	
FY 2004	\$84,161,485.00	\$28,053,828.00
FY		
FY		
Totals:	\$444,366,650.00	\$28,053,828.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

RECEIVED
2004 MAR 30 AM 7:13
COMPTROLLER'S OFFICE
OFFICE OF
MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET

RFS Number:	318.66-023	Contract Number:	FA 01-14661-06
State Agency:	Department of Finance and Administration	Division:	TennCare
Contractor:		Contractor Identification Number:	
Tennessee Behavioral Health, Inc.		X	V-
			C-
621621636-00			

Service/Description:
Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date:	Contract End Date:
1/1/2001	3/31/2004

Allotment Code:	Cost Center:	Object Code:	Fund:	Grant:	Grant Code:	Subgrant Code:
318.66	131	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount Include ALL amendments
2001	\$26,136,000.00	\$45,814,400.00			\$71,950,400.00
2002	\$55,843,870.00	\$97,900,695.00			\$153,744,565.00
2003	\$48,857,500.00	\$85,652,700.00			\$134,510,200.00
2004	\$29,921,512.00	\$54,239,973.00			\$84,161,485.00
					\$0.00
					\$0.00
Total	\$160,758,882.00	\$283,607,768.00	\$0.00	\$0.00	\$444,366,650.00

CFDA Number:	Check the box (below) ONLY if the answer is YES	
State Fiscal Contact:	Is the Contractor a SUBRECIPIENT? (per OMB A-133)	X
Name: Dean Daniel	Is the Contractor a VENDOR? (per OMB A-133)	
Address: 729 Church Street Nashville, TN	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone: 615-532-1362	Is the Contractor on STARS?	
Procuring Agency Budget Officer Signature:	Is the Contractor's FORM W-9 ATTACHED?	
	Is the Contractor's Form W-9 Filed with Accounts?	

Dean Daniel 12/9/03

Funding Certification
Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

COMPLETE FOR ALL AMENDMENTS (only)			
Base Contract & Prior Amendments		This Amendment ONLY	
End Date >	12/31/2003	3/31/2004	
FY 2001	\$71,950,400.00		
FY 2002	\$153,744,565.00		
FY 2003	\$134,510,200.00		
FY 2004	\$56,107,656.00	\$28,053,829.00	
FY			
FY			
Totals:	\$416,312,821.00	\$28,053,829.00	

REC'D
JAN - 8
M 11:26
OFFICE
OF
MANAGEMENT
SERVICES

318.66-023		FA 01-14681-05	
Department of Finance and Administration		TennCare	
Tennessee Behavioral Health, Inc.	X	V-	621621838-00
		C-	

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

1/1/2001				12/31/2003			
\$18.66	131	134	11		on STARS		
2001	\$28,138,000.00	\$45,814,400.00				\$71,950,400.00	
2002	\$55,843,870.00	\$87,800,895.00				\$153,744,565.00	
2003	\$48,857,500.00	\$85,852,700.00				\$134,510,200.00	
2004	\$19,947,874.00	\$36,158,982.00				\$56,107,656.00	
						\$0.00	
						\$0.00	
	\$160,785,044.00	\$265,527,777.00		\$0.00	\$0.00	\$416,312,821.00	

Dean Daniel

729 Church Street Nashville, TN

615-532-1362

Dean Daniel 1/14/04

Pursuant to T.O.A., Section 9-2-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

	12/31/2003	
2001	\$71,950,400.00	
2002	\$153,744,565.00	
2003	\$134,510,200.00	
2004	\$56,107,656.00	
	\$416,312,821.00	\$0.00

CONTRACT SUMMARY SHEET

RFS Number:	318.66-023	Contract Number:	FA-01-14661-0504
State Agency:	Department of Finance and Administration Department of Mental Health and Developmental Disabilities	Division:	Bureau of TennCare
Contractor:	Tennessee Behavioral Health, Inc.		
	X V- <input type="checkbox"/> C-	621621636-00	

Service Description: Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare/Medicaid Population

Contract Begin Date:	01/01/2001	Contract End Date:	12/31/2003
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Allocation Code:	318.66	Cost Center:	131	Object Code:	134	Fund:	11	Grant:	<input type="checkbox"/> on STARS	Grant Code:		Subgrant Code:	
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FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (Including ALL Amendments)
2001	\$26,136,000.00	\$45,814,400.00			\$ 71,950,400.00
2002	\$55,843,870.00	\$97,900,895.00			\$ 153,744,565.00
2003	\$ 48,857,500.00	\$85,852,700.00			\$ 134,510,200.00
2004	\$19,347,874	\$26,159,882			\$56,107,656
Total:	\$150,785,044	\$265,527,777			\$416,312,821.00

CEBA #	93.778	Check the box ONLY if the answer is YES	
State Fiscal Contact:		Is the Contractor a SUBRECIPIENT?	<input type="checkbox"/>
Name: Dean Daniel Address: 729 Church Street Nashville, TN Phone: (615) 532-1362		Is the Contractor a VENDOR?	<input type="checkbox"/>
		Is the Fiscal Year Funding STRICTLY LIMITED?	<input type="checkbox"/>
Procuring Agency Budget Officer Approval Signature:		Is the Contractor on STARS?	<input type="checkbox"/>
Dean Daniel	<i>Dean Daniel 6/30/03</i>	Is the Contractor's FORM W-9 ATTACHED?	<input type="checkbox"/>
		Is the Contractor's Form W-9 Filed with Accounts?	<input type="checkbox"/>

COMPLETE FOR ALL AMENDMENTS ONLY		
END DATE	Base Contract \$	This Amendment ONLY
08/30/2003		12/31/2003
FY: 2001	\$71,950,400.00	
FY: 2002	\$153,744,565.00	
FY: 2003	\$ 134,510,200.00	
FY: 2004		\$56,107,656
FY:		
Total:	\$360,205,165.00	

Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neal, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

CONTRACT SUMMARY SHEET

RFS Number:	318.66-023	Contract Number:	FA-01-14661-03
State Agency:	Department of Finance and Administration Department of Mental Health and Developmental Disabilities	Division:	Bureau of TennCare
Contractor:		Contractor Identification Number	
Tennessee Behavioral Health, Inc.		X V- <input type="checkbox"/> C-	621621636-00

Service Description
Behavioral Health Organization Services/Medically Necessary Behavioral Services to theTennCare/Medicaid Population

Contract Begin Date	Contract End Date
01/01/2001	06/30/2003

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	131	134	11	<input type="checkbox"/> on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2001	\$26,136,000.00	\$45,814,400.00			\$ 71,950,400.00
2002	\$55,843,870.00	\$97,900,695.00			\$ 153,744,565.00
2003	\$ 48,857,500.00	\$85,652,700.00	MAR 25 2003	JAN 29 2003	\$ 134,510,200.00
			TO ACCOUNTS	TO ACCOUNTS	
Total:	\$130,837,370.00	\$229,367,795.00			\$360,205,165.00

CFDA #	93.778	Check the box ONLY if the answer is YES:
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State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133)
Name:	Dean Daniel	Is the Contractor a VENDOR? (per OMB A-133)
Address:	729 Church Street	Is the Fiscal Year Funding STRICTLY LIMITED?
Phone:	Nashville, TN (615) 532-1362	Is the Contractor on STARS?
Procuring Agency Budget Officer Approval Signature		Is the Contractor's FORM W-9 ATTACHED?
Dean Daniel		Is the Contractors Form W-9 Filed with Accounts?

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification	
Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.		
END DATE →	06/30/2003			
FY: 2001	\$71,950,400.00			
FY: 2002	\$153,744,565.00			
FY: 2003	\$ 107,297,100.00			
FY:				
FY:				
Total:	\$332,992,065.00	\$27,213,100		

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CONTRACT SUMMARY SHEET

RES Number	318.66-023	Contract Number	FA-01-14661-02
Agency	Department of Finance and Administration and the Department of Mental Health and Developmental Disabilities	Division	Bureau of TennCare
Contractor		Contract Identification Number	
Tennessee Behavioral Health, Inc.		<input checked="" type="checkbox"/> V- <input type="checkbox"/> C-	621621636-00

Service Description
Behavioral Health Organization Services / Necessary Behavioral Services to the TennCare/Medicaid Population

Contract Begin Date	Contract End Date
1/1/01	6/30/03

Allocation Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	131	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2001	\$ 26,136,000.00	\$ 45,814,400.00			\$	71,950,400.00
2002	\$ 55,843,870.00	\$ 97,900,695.00			\$	153,744,565.00
2003	\$ 38,248,200.00	\$ 69,048,900.00			\$	107,297,100.00
Total	\$ 120,228,070.00	\$ 212,763,995.00			\$	332,992,065.00

GFDA#	93.778	Check the box ONLY if the answer is YES
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State Fiscal Contract	Is the Contractor a SUBRECIPIENT? (per OMB/A-133)
Name: Dean Daniel	Is the Contractor a Vendor? (per OMB/A-133)
Address: 729 Church Street	Is their Fiscal Year Funding STRICTLY LIMITED?
City: Nashville, TN	
Phone: (615)532-1362	

Procuring Agency Budget Officer Approval Signatures	Is the Contractor on STARS?
Dean Daniel <i>Dean Daniel</i> 7/1/02	Is the Contractor's FORM W-9 ATTACHED?
	Is the Contractor's Form W-9 Filed with Accounts?

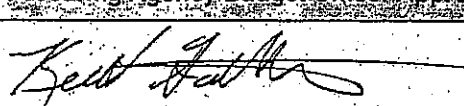
COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification	
	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.	
END DATE	6/30/03	6/30/03		
FY: 01	\$71,950,400.00	\$0.00		
FY: 02	\$153,744,565.00	\$0.00		
FY: 03	\$153,744,565.00	-\$46,447,465.00		
Total	\$379,439,530.00	-\$46,447,465.00		

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C O N T R A C T S U M M A R Y S H E E T

Contract Number FA-01-14661 -01		State Agency	Tennessee Department of Finance and Administration Department of Mental Health and Developmental Disabilities		
FS Number 318.66-023		Division	318.66		
Contractor Tennessee Behavioral Health, Inc.		Vendor ID Number		621621636-00	
		<input checked="" type="checkbox"/> V <input type="checkbox"/> C			
Service Description Behavioral Health Organization Services/Medically necessary Behavioral Services to the TennCare/Medicaid Population					
Contract Begin Date January 1, 2001			Contract End Date June 30, 2003		
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code
318.66	139	134	11	<input type="checkbox"/> on STARS	
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2001	\$26,136,000	\$45,814,400			\$71,950,400
2002	\$55,843,870	\$97,900,695			\$153,744,565
2003	\$55,843,870	\$97,900,695			\$153,744,565
Total	\$137,823,740	\$241,615,790			\$379,439,530
<input type="checkbox"/> Fiscal Year Funding Is Strictly Limited			CFDA Number 93.778		
<input type="checkbox"/> Contractor is on STARS			State Fiscal Contact		
<input type="checkbox"/> Current Form W-9 On File With Accounts OR <input type="checkbox"/> Form W-9 Attached			Name: Dean Daniel Address: 729 Church Street, Nashville TN 37247-6501 Phone: (615) 532-1362		
<input type="checkbox"/> Service Provider Registered with F&A			Procuring Agency Budget Officer Approval Signature		
<input checked="" type="checkbox"/> Contractor is a SUBRECIPIENT (as defined by OMB Circular A-133)					

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification
	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
Contract End Date	December 31, 2001	June 30, 2003	
FY 2001	\$71,950,400	\$0	
FY 2002	\$71,950,400	\$81,794,165	
FY 2003		\$153,744,565	
FY			
FY			
Total	\$143,900,800	\$235,538,730	

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CONTRACT SUMMARY SHEET

Contract Number FA-01-14661-00	State Agency Tennessee Department of Finance and Administration Department of Mental Health and Developmental Disabilities
RFS Number 318.66-023	Division 318.66
Contractor Tennessee Behavioral Health, Inc.	
Vendor ID Number 621621636-00	

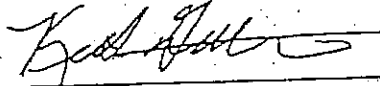
Service Description

Behavioral Health Organization Services/Medically necessary Behavioral Services to the TennCare/Medicaid Population

Contract Begin Date January 1, 2001	Contract End Date December 31, 2001
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Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	139	134	11	<input type="checkbox"/> on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2001	\$26,136,000	\$45,814,400			\$71,950,400
2002	\$26,136,000	\$45,814,400			\$71,950,400
Total	\$52,272,000	\$91,628,800			\$143,900,800

<input type="checkbox"/> Fiscal Year Funding Is Strictly Limited	CFDA Number 93.778
<input type="checkbox"/> Contractor is on STARS	State Fiscal Contact
<input type="checkbox"/> Current Form W-9 On File With Accounts OR <input type="checkbox"/> Form W-9 Attached	Name Address Phone Dean Daniel 729 Church Street, Nashville TN 37247-6501 (615) 532-1362
<input type="checkbox"/> Service Provider Registered with F&A	Procuring Agency Budget Officer Approval Signature
<input checked="" type="checkbox"/> Contractor is a SUBRECIPIENT. (as defined by OMB Circular A-133)	

COMPLETE FOR ALL AMENDMENTS (only)

	Base Contract & Prior Amendments	This Amendment ONLY
Contract End Date		
FY		
FY		
FY		
FY		
FY		
Total		

Funding Certification

Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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